

U.S. DISTRICT COURT  
WESTERN DISTRICT OF LOUISIANA  
RECEIVED

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

Western District of Louisiana

JUL 21 2023

TONY R. MOORE, CLERK  
BY: [Signature]  
DEPUTY

\_\_\_\_ Division

JOHN STAR

Case No.

23-cv-0972 Sec P

(to be filled in by the Clerk's Office)

\_\_\_\_\_  
Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.  
If the names of all the plaintiffs cannot fit in the space above,  
please write "see attached" in the space and attach an additional  
page with the full list of names.)

-v-

DO CAMPBELL, DEPARTMENT OF HOMELAND SECURITY  
(DHS), WARDEN FLOYD AND WINN CORRECTION  
CENTER

\_\_\_\_\_  
Defendant(s)

(Write the full name of each defendant who is being sued. If the  
names of all the defendants cannot fit in the space above, please  
write "see attached" in the space and attach an additional page  
with the full list of names. Do not include addresses here.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**  
(Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	JOHN STAR		
All other names by which you have been known:	ELVIS IZED, JOHN EDOS STAR		
ID Number	074 886 558		
Current Institution	WINN CORRECTION CENTER		
Address	560 GUM SPRINGS ROAD		
	WINNFIELD	LA	71483
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name	DO CAMPBELL		
Job or Title ( <i>if known</i> )	DEPORTATION OFFICER		
Shield Number	UNKNOWN		
Employer	DEPARTMENT OF HOMELAND SECURITY		
Address	560 GUM SPRINGS ROAD		
	WINNFIELD	LA	71483
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

**Defendant No. 2**

Name	DEPARTMENT OF HOMELAND SECURITY		
Job or Title ( <i>if known</i> )	NOT APPLICABLE		
Shield Number	NOT APPLICABLE		
Employer	NOT APPLICABLE		
Address	560 GUM SPRINGS ROAD		
	WINNFIELD		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

## Defendant No. 3

Name	WARDEN JODY FLOYD		
Job or Title (if known)	WARDEN OF WINN CORRECTION CENTER		
Shield Number	UNKNOWN		
Employer	WINN CORRECTION CENTER		
Address	560 GUM SPRINGS ROAD		
	WINNFIELD	LA	71483
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity		

## Defendant No. 4

Name	WINN CORRECTION CENTER		
Job or Title (if known)	NOT APPLICABLE		
Shield Number	NOT APPLICABLE		
Employer	NOT APPLICABLE		
Address	560 GUM SPRINGS ROAD		
	WINNFIELD	LA	71483
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity		

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☒ Federal officials (a *Bivens* claim)
- ☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials? I WAS VIOLATED OF MY CONSTITUTIONAL CIVIL RIGHT WHILE I WAS IN THE CUSTODY OF WARDEN JODY FLOYD A STATE OR LOCAL OFFICIAL WHO IS EMPLOYED AS A WARDEN OF WINN CORRECTION CENTER NOT PROVIDING ME PROTECTION OR SECURITY WHEN DO CAMPBELL A FEDERAL OFFICER AND EMPLOYEE OF DEPARTMENT OF HOMELAND SECURITY VERBALLY AND PHYSICALLY ASSAULTED ME ON JUNE 5, 2023 AT WINN CORRECTION CENTER. HENCE, THE MATTER IS COVERED BY 1983 AS WARDEN FLOYD WAS NEGLIGENT IN THE INCIDENT.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I WAS VIOLATED OF MY CONSTITUTIONAL RIGHTS AND CIVIL LIBERTY BY DO CAMPBELL A FEDERAL OFFICER AND EMPLOYEE OF THE DEPARTMENT OF HOMELAND SECURITY WHEN HE VERBALLY AND PHYSICALLY ASSAULTED ME ON JUNE 5, 2023 AT WINN CORRECTION CENTER LOCATED AT 560 GUM SPRINGS ROAD, WINNFELD, LA 71483. HENCE, THE MATTER IS COVERED BY BIVENS AS MY CIVIL RIGHT AND CIVIL LIBERTY WAS VIOLATED BY DO CAMPBELL WHEN HE ASSAULTED ME AND DEPARTMENT OF HOMELAND SECURITY IS RESPONSIBLE FOR HIS ACT

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☒ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.  
ON JUNE 5, 2023 AT AROUND 7AM TO 8 AM AT B SIDE AN IMMIGRATION MEETING OR CONFERENCE HALL OR CENTER, LOCATED INSIDE WINN CORRECTION CENTER AT 560 GUM SPRINGS ROAD, WINNFELD, LA 71483 DEFENDANT 1 WHO IS AN EMPLOYEE OF DEFENDANT 2 VERBALLY ASSAULTED ME WHILE I WAS IN THE CUSTODY OF DEFENDANT 3 WHO IS AN EMPLOYEE OF DEFENDANT 4. I SUSTAIN INJURIES TO MY CHEST AND BREAST AND WAS TAKEN TO WINN HEALTH CARE CENTER IN THE CITY OF WINNFELD FOR EXAMINATION AND TREATMENT

- C. What date and approximate time did the events giving rise to your claim(s) occur?  
JUNE 5, 2023 AT APPROXIMATELY 7 TO 8 AM

- D. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*  
I WENT TO B SIDE ON JUNE 5, 2023 AT ABOUT 7AM TO 8 AM TO MEET IMMIGRATION OFFICER BY THE NAME OF DO HAREDA AN OFFICER EMPLOYED WITH DEPARTMENT OF HOMELAND SECURITY BECAUSE OFFICER RHODES AN EMPLOYEE OF WINN CORRECTION CENTER TOLD ME TO GO THERE. WHEN I ARRIVED THERE, I SPOKE TO DO HEREDIA. WHEN I WAS DONE TALKING TO HIM, I HANDED HIM SOME DOCUMENT TO BRING TO SDDO PATRICK ARBUJO AND THE DOCUMENT INCLUDED A COPY OF MY CANADAIN ISSUED EMERGENCY TRAVEL DOCUMENT. AS I WAS ABOUT TO LEAVE, DO CAMPBELL PICKED UP THE DOCUMENTS AND WENT AND THROW THEM INSIDE THE TRASH CAN. I PLEADED WITH HIM NOT TO TRASH MY DOCUMENT AND HE GOT ANGRY AND USED INSULTIVE REMARKS ON ME INCLUDING RACIAL SLUR. IWHEN I ASKED HIM TO GIVE ME HIS NAME SO I CAN WRITE HIM UP, HE CHARGED AT ME AND PUNCHED ME IN MY RIGHT CHEST AND BREAST UNTIL HE WAS RESTRAINED.

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I WAS INJURED IN MY CHEST AND BREAST. I ALSO SUFFERED A BROKEN LEFT TUMB FINGER AS A RESULT BECAUSE HE HIT ME WHILE MY LEFT HAND WAS BY MY CHEST REGION. I HAVE A CONTUSSION AND OR CYST IN MY BREAST THAT HAVE REFUSED TO GO DOWN DESPITE THE MEDICAL TREATMENT I HAVE RECEIVED THUS FAR I WAS TAKEN TO WINN CORRECTION CENTER MEDICAL OFFICE FOR EXAMINATION AND LATER TAKEN TO WINNFELD HEALTH CARE CENTER AN OUTSIDE FACILITY FOR EXAMINATION AND TREATMENT. AFTERWARD I HAVE BEEN RECEIVING MEDICAL AND PSYCHOLOGICAL TREATMENT AT WINN CORRECTION CENTER MEDICAL OFFICE.

AS OF THE PRESENT MOMENT, I HAVE NOT BEEN GIVEN THE PROPER TREATMENT TO MITIGATE MY PAINS DESPITE I HAVE REQUESTED ADDITIONAL OR POSSIBLE OUTSIDE MEDICAL FACILITY TREATMENT BECAUSE THE CONTUSSION AND OR CYST IN MY BREASTHAVE REFUSED TO GO DOWN OR GO AWAY. I AM HAVING SERIOUS PAINS ON MY BREAST AND I A SHARP PAIN AND DISCOMFORT ANYTIME I LAY ON MY RIGHT SIDE WHERE MY RIGH BREAST WAS INJURED.

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I AM HUMBLRY REQUESTING THAT THE COURT ORDER A RELIEF OF THE SUM OF ONE HUNDRED MILLION DOLLARS AS DAMAGES FROM THE DEFENDANTS FOR THE PAINS AND SUFFERING I HAVE SUFFERED PHYSICALLY, EMOTIONALLY AND PSYCHOLOGICALLY AND THE SUFFERING I WILL CONTINUE TO SUFFER PHYSICALLY, EMOTIONALLY, PSYCHOLICALLY AS WELL AS FINANCIALLY IN THE FUTURE AS I AM A SINGER, SONG WRITER, AUTHOR AND FASHION DESIGNER WHO WOULD NOW HAVE TO LIVE WITH THE SCARS FROM THE INJURIES, A DISFORMED LEFT TUMB FINGER, A CONTUSSION AND OR CYST IN A RIGHT BREAST AND THE EMOTIONAL, PSYCHOLOGICAL AND FINANCIAL EFFECT OF THE INJURIES CONSEQUESCE OF THE ACT, NEGLECT, INACTION AND OR OMISSION OF THE DEFENDANTS. OR WHAT EVER AMOUNT THE COURT DEEM IS JUSTAND PROPER FOR THE DAMAGES CAUSED ON ME BY DEFENDANTS FOR THE INTEREST AND OR EQUITY.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).  
WINN CORRECTION CENTER

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

THE VERBAL AND PHYSICAL ASSAULT OF DO CAMPBELL AS WELL AS THE NEGLIGENT ACT OF WARDEN FLOYD AS MY CUSTODIAN BECAUSE THE INCIDENT HAPPENED INSIDE WINN CORRECTION CENTER WHERE HERE HIS OFFICIAL TITLE IS WARDEN WHEREAND WHEN I AM HELD IN IMMIGRATION CUSTODY

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

WINN CORRECTION CENTER 560 GUM SPRINGS ROAD, WINNFELD, LA 71483  
DEPARTMENT OF HOMELAND SECURITY 560 GUM SPRINGS ROAD, WINNFELD, LA 71483  
DEPARTMENT OF HOMELAND SECURITY CRCL COMPLAINEE BRANCH 245 MURRAY LN, WASHINGTON  
DC  
DHS OFFICE OF INSPECTOR GENERAL 245 MURRAY LANE WASHINGTON DC  
ICE ERO OFFICE, NEW ORLEANS FIELD OFFICE 1250 POYDRAS SUITE 325, NEW ORLEANS, LA 70113

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2. What did you claim in your grievance?

I WAS VERBALLY AND PHYSICALLY ASSAULTED AND VIOLATED OF MY CIVIL RIGHTS AND CIVIL LIBERTY  
BY DO CAMPBELL AND WAS NEGLECTED BY WARDEN FLOYD AND WINN CORRECTION CENTER

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3. What was the result, if any?

NOTHING AFTER EXHAUSTING ALL THE AVAILABLE REMEDY AT WINN CORRECTION TO NO AVAIL AND  
THE OTHER OFFICES AT WHICH I FILED GRIEVANCE HAVE NOT RESPONDED TO MY GRIEVANCE TILL  
DATE AFTER A 30 DAYS HAVE ELAPSE.

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*  
I APPEALED THE DECISION AT WINN CORRECTION CENTER AND EXHAUSTED ALL AVAILABLE  
REMEDY
-

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:  
NOT APPLICABLE

- 
2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:  
NOT APPLICABLE
- 

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.  
I FULLY EXHAUSTED ALL AVAILABLE REMEDY AT WINN CORRECTION AND WAITED 30 DAYS TO LAPSE AWAITING RESPONSE FROM THE OTHER OFFICES BEFORE COMING TO COURT WITH MY CLAIM.

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*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.  
NOT APPLICABLE

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

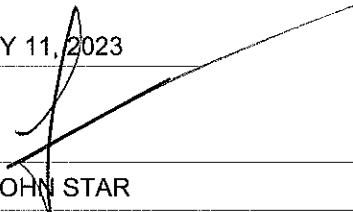
**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: JULY 11, 2023

Signature of Plaintiff 

Printed Name of Plaintiff JOHN STAR

Prison Identification # 074 886 558

Prison Address 560 GUM SPRING ROAD

<u>WINNFIELD</u>	<u>LA</u>	<u>71483</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address \_\_\_\_\_

_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_